Certification Board for Alcohol and Drug Professionals (CBADP)

3101 West 41st Street, Suite 205, Sioux Falls, SD 57105

Phone: 605-332-2645 Fax: 605-332-6778

Email: cbadp@midconetwork.com Web: www.dhs.sd.gov/brd/CBADP

APPLICATION FOR COUNSELOR TRAINEE RECOGNITION

Attached is the Application for Counselor Trainee Recognition. Complete the application in its entirety and return it with your transcript(s) and the required pro-rated recognition fee. Counselor Trainees must be supervised by a qualified addiction professional (CCDC II or CCDC III) throughout the entire recognition period. The supervisor cannot be a relative of the trainee.

Initial trainee recognition fees are prorated from the month of the application to the last day of the month of your birth, at a rate of \$12.50 per month. Please calculate the fees beginning the month of application to the end of the month of your birth.

Example: If an individual applies for trainee recognition in June and has a birth month of December, the payment would be \$87.50 (\$12.50 x 7).

After the initial recognition period, Trainees will renew their recognition annually in their birth month. The annual renewal fee is \$100.00 and becomes due on the last day of your birth month. You will be sent an invoice and renewal application the month prior to your renewal date. If the application and fees are not postmarked by the last day of the month of your birth, you will be assessed a \$50.00 late fee. You will be given a 30-day grace period. If you do not renew by the last day of the month following your birth month, your trainee status will lapse. You will then be required to re-apply for trainee recognition status. Trainees who continue to work without trainee status will be reported to the Ethics Committee. Therefore, it is imperative you renew your trainee status prior to the expiration date on your certificate.

Trainees will need to submit twenty (20) hours of continuing education every two (2) years. This means you will have to begin obtaining continuing education at a rate of ten (10) hours per year. Beginning July 1, 2010, the CBADP will be accepting continuing education only in the month of your birth. Please refer to the standards manual and check with your supervisor for guidance on continuing education procedures and approval.

Applicants must have a minimum of a high school diploma or general education diploma (GED). Trainees must obtain nine (9) semester hours of the following course work within two (2) years from the date of initial trainee recognition:

- Introduction to Alcohol Use and Abuse (3 semester hours)
 - Introduction to Drug Use and Abuse (3 semester hours)
- Alcohol and Drug Group Counseling (3 semester hours)
- Professional Ethics for the CD Counselor (3 semester hours)

Trainee Recognition status will be granted for ten (10) testing cycles, or approximately five (5) years. Trainees must meet all requirements for a minimum of CCDC I certification by the end of their recognition period and at the time of application for certification

Trainees completing work experience in agencies other than those accredited or recognized by the Division of Alcohol and Drug Abuse must submit documents including the agency brochure, statement of philosophy, and/or mission which will provide documentation of acceptable work experience.

If for any reason your supervision or work experience ends or is interrupted, please contact the CBADP Administrative Office to place your Trainee Recognition on inactive status. This will prevent your time from running out prior to the completion of all academic and experience requirements. Trainee Recognition can be reactivated at any time by completing a Trainee Renewal Application and paying the appropriate fees.

The CBADP is required to comply with SDCL 25-7A-56 which is a prohibition against the issuance of professional license, registration, certification, or permit of application in the event of child support arrearage. Applicants listed on the State Registry will not be granted Trainee Recognition, Certification or Recertification until arrangements have been made with the Department of Social Services, Office of Child Support Enforcement and the individual's name is cleared via monthly written reports from that office.

If you have any questions or need additional information, please feel free to contact the CBADP Administrative Office.

SEND COMPLETED APPLICATION, TRANSCRIPT(S), AND FEE TO:

CBADP 3101 West 41st Street, Suite 205 Sioux Falls, SD 57105

Application for Trainee Recognition

A check or money order must accompany this application. Also, enclose your college and/or high school transcripts.

| PERSONAL DATA: | | | |
|------------------------|---------------------|-------------------------|---------------------------|
| Name: | | | |
| First | Middle | Last | Maiden |
| Home Address: | | | |
| City: | | State: | Zip: |
| Home Phone: | | Cell Phone: | |
| Work Phone: | | Work Fax: | |
| Email: | | | |
| Social Security #: | | Birth Date: | |
| CURRENT EMPLOY | MENT: | | |
| Agency Name: | | | |
| Agency Mailing Address | ss: | | |
| City: | | State: | Zip: |
| Job Title: | | | |
| Name of CCDC Superv | visor: | | |
| STATISTICAL INFO | RMATION: (This info | rmation is used for sta | atistical purposes only.) |
| Gender: | Gender: Ethnicity: | | |
| Female | | | African American |
| Male | | | American Indian |
| | | | Asian/Pacific Islander |
| | | | Caucasian |
| | | | Hispanic/Latino |
| | | | Other: |

Educational/Academic Data

| High School Attended | : | | | | | | |
|------------------------------------|-------------------------------------|---------------------------|--------------------------------|-------------------|--|---------------|--|
| Date of Graduation: | | | | | | | |
| GED: | Date: | | | | | | |
| Where Issued: | | | | | | | |
| COLLEGE/UNIV | /ERSITY: | | | | | | |
| Name | | Location | Location Enrolled From En | | o Degr | ree(s) Earned | |
| | | | | | | | |
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| SPECIALIZED E | EDUCATIO | ON DOCUME | NTATION: | | | | |
| List all completed special | lized education | nal courses. All cour | rses must equal 3 or more seme | ester credits and | earn a "C" | grade or high | |
| Requirement | Name of College or University | Prefix - Course Number | Name of Course | Credit Hours | Term Taken | Grade | |
| Example | FSU | HS 212 | Study of Alcohol | 3 | Fall '95 | В | |
| Intro to Alcohol Use | | | · | | | | |
| and Abuse | | | | | | | |
| Intro to Drug Use and Abuse | | | | | | | |
| Foundations of | | | | | | | |
| Individual Counseling | | | | | | | |
| Alcohol & Drug | | | | | | | |
| Group Counseling | | | | | | | |
| Alcohol & Drug Treatment Continuum | | | | | | | |
| Professional Ethics | | | | | | | |
| for the CD Counselor | | | | | | | |
| Counseling Families | | | | | | | |
| with Alcohol or Other | | | | | | | |
| Drug Issues | | | | | <u> </u> | | |
| Cultural | | | | | | | |
| Competency OR | | | | | | | |
| Special Populations | | | | | | | |
| CD Specific Flective | | | | | | | |

Professional Code of Ethics

The Professional Code of Ethics applies equally to all Certified Chemical Dependency Counselors, Certified Prevention Specialists, Trainees, Interns, and individuals in the process of applying for certification. The Certification Board for Alcohol and Drug Professionals (CBADP) believes that all people have rights and responsibilities through every stage of human development. The goal of the CBADP is for addiction professionals to treat everyone with the dignity, honor, and reverence that is fitting to them.

The Professional Code of Ethical Conduct entitles human beings to the physical, social, psychological, spiritual, and emotional care necessary to meet their individual needs. All Certified Professionals, Trainees, and Interns have a responsibility to adhere to the following guiding principles:

- 1. That I have a total commitment to provide the highest quality of care for those people who seek my professional services.
- 2. That I will dedicate myself to the best interests of clients and assist them to help themselves.
- 3. That at all time, I shall maintain a professional relationship with clients.
- 4. That I will be willing, when I recognize that it is in the best interest of the client, to release or refer them to another program or professional.
- 5. That I shall adhere to the laws of confidentiality and professional responsibility of all records, materials, and knowledge concerning clients.
- 6. That I shall not in any way discriminate against clients or other professionals.
- 7. That I shall respect the rights and views of other professionals and clients.
- 8. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but I will take the initiative toward improving such policies if it will best serve the interest of clients.
- 9. That I have a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.
- 10. That I have a responsibility for appropriate behavior in all areas of my professional and private life, and to provide a positive role model especially in regard to the personal use of alcohol and other drugs.
- 11. That I have a responsibility to myself, my clients, and other associates to maintain my physical and mental health
- 12. That I respect the client's right to worship or not, according to their conscience and beliefs, and that I will not impose my own beliefs, values, or standards upon them.
- 13. That I have a professional responsibility to understand and appreciate different cultures for persons whom are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.
- 14. That I have a regard for an individual's needs and rights to equal protection and due process under the laws of the State of South Dakota.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under my care. As a professional, I have a responsibility to report, whether obvious or perceived, any ethical violations or concerns related to my peers.

| vill be grounds for disciplinary action and sanctions. | |
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| By checking this box, I hereby attest that I have a Standards of Practice of the Certification Board | read and will comply with the 2004 Codes of Ethics and for Alcohol and Drug Professionals. |
| The Codes of Ethics can be viewed and/or printed at: www.d Codes of Ethics and have not checked the box above will not | |
| Signature of Trainee | Date |

I understand and subscribe to the preceding professional code of ethics and understand that any violation of the principles

Authorizations and Releases

I hereby attest that I have not been convicted of, plead guilty, or no contest, to any felony, or to any crime involving moral turpitude, or like offense within the past five years.

I hereby understand that being convicted of, or pleading guilty, or no contest, before a court in this state or any other state, or before any federal court for any offense punishable as a felony, or like sanction, will be grounds for denial of, or revocation of certification, recertification, or trainee recognition.

I hereby understand that if I have had a felony conviction, and/or pled guilty, or no contest, or received a suspended imposition of sentence, it must have been at least five (5) years prior to the date of application for trainee recognition, student internship status, certification or recertification. I also understand that all sentencing requirements must be completed or satisfied prior to the date of application for any of the above.

I confirm that I have not been denied certification or licensure or had any disciplinary sanctions against me from this or any other certifying or licensing authority in this or any other state. If I have been denied or had disciplinary action, I have notified the Certification Board for Alcohol and Drug Professionals (CBADP) in writing of this action.

I hereby authorize the CBADP to release to any agency, facility, organization, or individual any and all information necessary for verification of credentials.

I hereby authorize any agency, facility, organization, or individual to release any and all information necessary to fully and properly evaluate my application before the CBADP. The CBADP reserves the right to request further information or documentation to evaluate the application and/or professional competence of individuals.

I hereby release and hold harmless the CBADP, its Board of Directors, its officers, its employees, and any agency, facility, organization, or individual from any and all manner of suits, actions, claims, and judgments which might arise from such efforts to further substantiate and document my application.

I hereby understand that the CBADP can deny or revoke certification, trainee recognition, or student internship status on the basis of misrepresentation on my application, or any other application, to include intentionally false or misleading statements or intentional omissions. I understand that I will be barred from applying for certification or recertification for not less than two (2) years if it is proven that I have misrepresented the facts on any aspect of my application, or any other application, for trainee recognition, student internship status, certification or recertification.

I hereby certify that the information contained herein is correct and true, and that I understand the application and these authorizations and releases.

| On the line below, please print your name the way you would like it to appear on your certificate: | | | | | |
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| Signature of Trainee | Date | | | | |

Supervision Data

The Clinical Supervisor must complete this page and the 'Clinical Supervisor Code of Ethics' page. The Supervisor must be at the level of CCDC II or CCDC III.

PERSONAL DATA:

| Name: | | | | |
|-------------------------------------|------------|---------------------|-------|--------|
| First | Middle | Last | | Maiden |
| Home Address: | | | | |
| City: | | State: | Zip: | |
| Home Phone: | | Cell Phone: | | |
| Work Phone: | | Work Fax: | | |
| Email: | | | | |
| CURRENT EMPLOYMENT: | | | | |
| Agency Name: | | | | |
| Agency Mailing Address: | | | | |
| City: | | State: | Zip: | |
| Job Title: | | | | |
| CERTIFICATION(S): | | | | |
| CDC Level: | | Certificate Nu | mber: | |
| CPS: | | Certificate Number: | | |
| EDUCATION/EXPERIENCE: | | | | |
| Educational Level: | | | | |
| Years of Experience in the field: _ | | | | |
| Years of Experience in Clinical Su | pervision. | | | |

Clinical Supervisor Code of Ethics

Clinical Supervision is the process of upholding the ethical standards of the profession and ensuring the professional development of those in training. Clinical Supervisors shall be the professional agent assuming the responsibility for overseeing the processes of ethical development and clinical practice.

Clinical Supervisors shall uphold the Professional Code of Ethics for Addiction Professionals in addition to this Clinical Supervisor Code of Ethics. Clinical supervision embraces a potential ethical vulnerability; therefore clinical supervisors shall recognize their influence on the development of human behavior and those under their supervision. They shall be aware of ethical and legal ramifications of the supervision process. Clinical Supervisors shall be responsible for self-evaluation and be accountable to professional review as is consistent within the current scope of addiction services and standards.

The Clinical Supervisor Professional Code of Ethical Conduct is derived from the above ethical principals and is designed to help ensure that Counselor Trainees receive the supervision necessary for professional development. Clinical Supervisors have a responsibility to adhere to the following professional code:

- 1. That I have a commitment to provide the highest quality of clinical supervision to advance the welfare of the trainees and their clients. I shall respect the rights of those persons seeking supervision and make reasonable efforts to ensure that my services are used appropriately.
- 2. That I shall maintain professional relationships and not exploit the trust and dependency of Trainees and colleagues. I shall not enter into dual relationships that result in ethical compromise or conflict of interest.
- 3. That I shall be willing, when it is in the best interest of the Trainee, to release or refer them to another program or supervisor.
- 4. That I shall protect the unique confidentiality concerns, abide by 42 CFR 2, and state laws, within the parameters of supervision.
- 5. That I shall respect and guard confidences of trainees and restrict disclosure of information for professional purposes with regard for agency personnel policies and existing laws and regulations.
- 6. That I shall maintain those records necessary to provide an accurate assessment of the trainees' abilities and training needs and to record that supervision has been provided in accordance with the CBADP policies and procedures, and the administrative rules and laws of South Dakota. I shall limit my supervisory documentation or verification of information to that which was completed under my direct supervision.
- 7. That I shall alert the appropriate individuals and authorities to conditions that may be disruptive or damaging.
- 8. That I shall respect the dignity and protect the rights and welfare of participants in research. I shall maintain the federal and state laws and regulations, and professional standards governing the conduct of research.
- 9. That I shall disclose financial arrangements and any fee structure to trainees and agencies in such a way as to be reasonably understandable and in conformance with accepted professional practices.
- 10. That I shall accurately represent my professional education, training and qualifications to trainees and agencies to enable an informed selection of professional services.
- 11. That I shall have a commitment to maintain a professional level of knowledge and competence through ongoing education and training in clinical supervision.

| I affirm, understand and will adhere to the preceding professional code of ethics and understand that any violation of the | | | | | |
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| principles will be grounds for disciplinary action and sanctions in accordance with CBADP policies and procedures as | | | | | |
| outlined in the Standards Manual and the laws of the State of South Dakota. I understand that ethical violations can result | | | | | |
| in disciplinary actions and sanctions prohibiting any further clinical supervision of Trainees recognized by the CBADP | | | | | |
| and/or my certification as a Certified Chemical Dependency Counselor. | | | | | |
| By checking this box, I hereby attest that I have read and will comply with the 2004 Codes of Ethics and Standards of Practice of the Certification Board for Alcohol and Drug Professionals. | | | | | |
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| Signature of Supervisor | Date | |
|-------------------------|------|--|
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